

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200 Austin, Texas 78723-1035, Phone (512) 936-7700

<http://www.tcole.texas.gov>**APPOINTMENT APPLICATION (L-1)****Commission Rules 217.1, 217.3, 217.7, 225.1, 223.2, 225.3****Non-refundable \$35 fee for processing paper form. Money order, agency or cashier's check. (5541)****For instructions, please visit: <http://www.tcole.texas.gov/l1-instructions>****SECTION 1 - APPLICANT LICENSE STATUS. (5541)****New Applicant (never licensed for this type of appointment) §217.1****(Applicant must sign page 2, section I)**☐ **Peace Officer or County Corrections** ☐ **Unlicensed Elected / Appointed official (PO training incomplete, skip to sec 2)**

Agency must submit Fingerprint Applicant Services of Texas (FAST). Agency must retain copy of L-1, original L-2 & L-3 form, (or copy from academy), all DD214s (if applicable), proof of education, certified documents from the appropriate authority showing the final disposition of each arrest, probation, community supervision, conviction or other criminal history, along with FAST returns from DPS showing record checks through FBI and DPS.

Already Licensed §217.7**Check one:****(Applicant must sign page 2, section II)**☐ **License holder with a "180 day break or less in service:"** Agency retains copy of L-1 and F-5R response.☐ **License holder with more than a "180 day break in service:"** Agency must retain copy of L-1, new L-2, L-3, FAST returns from DPS showing record checks through FBI and DPS per §217.7, weapons qualifications, if required, according to §218.9 within the last 12 months.**Date of L-2** _____ **L-3** _____**SECTION 2 - APPLICANT INFORMATION**

1. TCOLE PID <small>Required</small>	2. Last Name	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
6. Race / Ethnicity <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Multicultural <input type="checkbox"/> White			7. Date of Birth	
8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	9. US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Driver's License State: _____ Num.: _____	11. Education <input type="checkbox"/> GED <input type="checkbox"/> High School	
12. Home Mailing Address	13. City	14. State	15. Zip Code	16. Primary Phone Number () -

SECTION 3 - APPOINTMENT INFORMATION

17. Date Appointed	18. License / Appointment Type: (CHECK ONLY ONE) <input type="checkbox"/> Sheriff (Elected or Appointed) <input type="checkbox"/> Constable (Elected or Appointed) <input type="checkbox"/> Chief of Police <input type="checkbox"/> Chief Law Enforcement Officer <input type="checkbox"/> City Marshal <input type="checkbox"/> Fire Marshal <input type="checkbox"/> Peace Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Reserve Officer (licensed reserve or conditional only)			
19. Peace Officer Pay Status: (as defined by Government Code 614.121) (CHECK ONLY ONE) <input type="checkbox"/> Full Time - Regularly work 32 hours a week or more and paid at or above federal minimum wage, eligible for benefits <input type="checkbox"/> Part Time - Regularly work less than 32 hours and paid at or above federal minimum wage, eligible for benefits <input type="checkbox"/> Reserve - Restricted to agencies identified in 1701.001: Sheriff, Constable, Municipal, Water District, or Prosecuting Attorney <input type="checkbox"/> Other - Appointees that do not fit into above categories				
20. Retired State Officer <input type="checkbox"/> Yes <input type="checkbox"/> No.	21. \$100.00 Fee Required <input type="checkbox"/> Contract Jailer (5120) <input type="checkbox"/> Medical Facility Police Officer (5125)			
22. TCOLE Agency Number	23. Appointing Agency			24. Phone Number

I certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document. I further certify that this agency has on file and readily accessible to the Commission the appropriate documents to show that the above-named individual meets the minimum standards for licensing and/or appointment.

Name and Title of Chief Administrator or Designee (Type or Print)		Signature of Chief Administrator or Designee	
Sworn to and subscribed before me, this the _____ day of _____, _____			
Notary public in and for, State of Texas My commission expires _____/_____/_____		Printed Name of Notary	

Notary Seal or Stamp		_____	
		Signature of Notary	

Special Conditions for the Appointment Application (L-1)

Licensees who wish to reinstate their law enforcement officer licenses following a Commission-ordered disciplinary action (suspension or probation) are required to complete the "Licensee Reinstatement Application" prior to submitting this form.

SECTION I: Applicant for new license:

I, the undersigned, attest that I have received a copy of and read Commission Rule 217.1, Minimum Standards for Initial Licensure. I further attest that I meet all requirements for initial licensure as outlined by Commission Rule 217.1.

I am fully aware that this application is a government document and, under penalties of perjury, I declare the foregoing information to be true and correct.

_____		_____/_____/_____	
Signature of Applicant or License Holder		Date	
Sworn to and subscribed before me, this the _____ day of _____, _____			
Notary public in and for, State of Texas		_____	
My commission expires ____/____/____		Printed Name of Notary	
Notary Seal or Stamp		_____	
		Signature of Notary	

SECTION II: License holder with over a "180 day break in service:"

I, the undersigned, attest that I have received a copy of and read Commission Rule 217.7, Reporting the Appointment and Termination of a Licensee. I further attest that I meet all requirements for appointment as outlined by Commission Rule 217.7.

I am fully aware that this application is a government document and, under penalties of perjury, I declare the foregoing information to be true and correct.

_____		_____/_____/_____	
Signature of Applicant or License Holder		Date	
Sworn to and subscribed before me, this the _____ day of _____, _____			
Notary public in and for, State of Texas		_____	
My commission expires ____/____/____		Printed Name of Notary	
Notary Seal or Stamp		_____	
		Signature of Notary	